

Attorney Docket No. 1034170-000031

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

) MAIL STOP AF

RECEIVED
CENTRAL FAX CENTER

Marco Poppi

) Group Art Unit: 3721

APR 16 2009

Application No.: 10/575,968

) Examiner: GLORIA R WEEKS

Filing Date: April 14, 2006

) Confirmation No.: 5120

Title: FORM-AND-SEAL UNIT FOR A
MACHINE FOR PACKAGING
POURABLE FOOD PRODUCTS

)

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- A Petition for Extension of Time is enclosed.
- Terminal Disclaimer(s) and the \$ 70 \$ 140 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.
- Also enclosed is/are: _____
- Small entity status is hereby claimed.
- Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$ 405 \$ 810 fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- Applicant(s) previously submitted _____ on _____ for which continued examination is requested.
- Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

Buchanan Ingersoll & Rooney PC
Attorneys & Government Relations Professionals

Application No. 10/575,968
 Attorney's Docket No. 1034170-000031
 Page 2

No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below:

RECEIVED
 CENTRAL FAX CENTER
APR 16 2009

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	14	20	0	x \$ 52 (1202)	\$ 0
Independent Claims	5	4	1	x \$ 220 (1201)	\$ 220
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 390 (1203)				\$ 0	
Total Claim Amendment Fee				\$ 220	
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT				\$ 220	

Charge _____ to Deposit Account No. 02-4800 for the fee due.

Charge \$ 220 to credit card for the fee due.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date April 16, 2009

By:

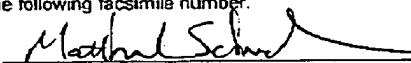


Matthew L. Schneider
 Registration No. 32814

Customer No. 21839
 703 836 6620

I hereby certify that this correspondence is being submitted by facsimile transmission to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to the following facsimile number.

Facsimile Number: 571-273-8300



Date of Transmission: April 16, 2009

Typed Name: Matthew L. Schneider